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INDIANAPOLIS, INDIANA 46204-5137**FAX COVER SHEET**NO. OF PAGES: COVER SHEET PLUS 37 PAGE(S)TO: Examiner Theresa Trieu - Art Unit 3748FAX TELEPHONE NO.: 1-703-872-9306FROM: John V. MoriartyDATE: June 6, 2005☐ CONFIRMATION OF RECEIPT REQUESTED IF CHECKED.

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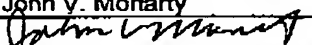
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/751,553
	Filing Date	January 5, 2004
	First Named Inventor	Anthony Waterworth
	Art Unit	3748
	Examiner Name	Theresa Trieu
Total Number of Pages in This Submission	Attorney Docket Number	5722-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (PTO Form 2038) <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawings (7 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	John V. Moriarty Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	June 6, 2005

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**60.00****Complete if Known**

Application Number	10761,653
Filing Date	January 6, 2004
First Named Inventor	Anthony Waterworth
Group Art Unit	3748
Examiner Name	Theresa Trieu
Attorney Docket Number	5722-2

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify):

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FEE CALCULATION:**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	600	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	60	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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16 -20 or HP = 0 x 0 = 0	Fee (\$)	Fee Paid (\$)
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(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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1 -3 or HP = 0 x 0 = 0	Fee (\$)	Fee Paid (\$)
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(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____	= _____ / 50 = _____ (round up to a whole number) x _____ = _____
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4. OTHER FEE(S)	Fee Paid (\$)
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Non-English Specification. \$130 fee (no small entity discount)

Other: Extension of Time Fee **\$60.00****SUBMITTED BY:**

Name (Print/Type):	John V. Moriarty	Registration No.:	26,207	Telephone:	(317)634-3458
Signature:	<i>John V. Moriarty</i>	(Attorney/Agent)		Date:	6 JUN 05

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Name (Print/Type)	John V. Moriarty	Date	6 JUN 05
Signature	<i>John V. Moriarty</i>		